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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)214-8442

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

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CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA PROFIT/NON PROFIT CORPORATION

The Torah Academy Development II Corporation

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$78.75

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. O'KEEFE

MAY - 6 2022

COVER LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: The Torah Academy Development II Corporation
(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Giovani Mesa
Name (Printed or typed)

6111 Broken Sound Parkway NW, Suite 200
Address

Boca Raton, FL 33487
City, State & Zip

561-237-6854
Daytime Telephone number

cglazer@torahacademybr.org

E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: The Torah Academy Development II Corporation

ARTICLE II PRINCIPAL OFFICE

Principal street address:

447 NW Spanish River Blvd.

Boca Raton, FL 33431

Mailing address, if different is:

3881 NW 3rd Avenue

Boca Raton, FL 33431

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected and appointed: Appointed

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rabbi Reuven Feinberg/Director Name and Title: _____

Address: 3881 NW 3rd Avenue Address: _____

Boca Raton, FL 33431

Name and Title: Yehuda Wasser/Treasurer Name and Title: _____

Address: 298 NW 45th Street Address: _____

Boca Raton, FL 33431

Name and Title: Daniel Abrams / Co-President Name and Title: _____

Address: 7128 Via Marbella Address: _____

Boca Raton, FL 33433

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Name and Title:	<u>Chaim Glazer/Asst. Treasurer</u>	Name and Title:	_____
Address	<u>3881 NW 3rd Avenue</u>	Address:	_____
	<u>Boca Raton, FL 33431</u>		_____
	_____		_____
Name and Title:	_____	Name and Title:	_____
Address	_____	Address:	_____
	_____		_____
	_____		_____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Daniel Kaskel

Address: 6111 Broken Sound Parkway NW, Suite 200

Boca Raton, FL 33487

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Daniel Kaskel

Address: 6111 Broken Sound Parkway NW, Suite 200

Boca Raton, FL 33487

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 5/4/2022. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature of Registered Agent

5/4/2022
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature of Incorporator

5/4/2022
Date

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 TALLAHASSEE, FLORIDA